

INSTRUCTIONS TO FILL OUT AND SUBMIT THE CERTIFCATE OF RELIGIOUS EXEMPTION FOR BLOOD LEAD TESTING

<u>BEFORE</u> you complete the Certificate of Religious Exemption for Blood Lead Testing in the second page, read the requirements on it to make sure your child meets such requirements. If he/she does not meet them, DO NOT COMPLETE the Religious Certificate Exemption for Blood Lead Testing.

If he/she does, read the instructions below to complete and submit the certificate.

This exemption certificate has three sections:

- 1. Name of the child and date of birth
- 2. Parent or legal guardian information (Name, address, signature, and date of the application)
- 3. Notary Public information (State and county, date, solicitant name, notary public signature, title, and commission expiration date)

INSTRUCTIONS: Fill out your child's section and yours by printing each of the lines clearly. Have a Notary Public fill out their section with their respective stamp/seal. Once it is notarized, submit a copy of the certificate to your child's school and to the following address:

Lucas State Office Building Iowa Department of Public Health Attn: Rossany Brugger (5th floor) 321 East. 12 St. Des Moines, IA 50319

IDPH will add the name of your child to IDPH's data base of children who received the Exemption of Blood Lead Testing for Religious reasons.

IMPORTANT: Please provide the exact last, first and middle name, and the date of birth of your child, as you did or will do at your child's school. If you misspell their name or date of birth at either, the school registration or in this certificate, your child may not be found in our records and you may be asked to have your child tested.

If you have questions or concerns, please contact <u>Rossany.brugger@idph.iowa.gov</u> or call at (515) 281-3225 or at (800) 972-2026.



Iowa Department of Public Health Certificate of Religious Exemption for Blood Lead Testing

Child Name

First:	Middle:	Date o	of Birth:
belief. A Certificate of ent or guardian or legall e blood lead testing cor	a Blood Lead Test Exemption Iy authorized representative. Iflicts with a genuine and sine	n for religious reasons By signing this certif cere religious belief a	s shall be signed by ficate, you are nd that the belief is
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	Parent or legal guardian		
	r arent or legal guardian		
/Apt. No.	Street	City	Zip code
		Date:	
ery Low Risk Exempt	ion is valid only when sign	ed and sealed by a	notary public.
Cou	nty of		
vas acknowledged before	e me on		
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Name(s) of Per	rson(s)		Notary Stamp or Seal
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